



A SCHNIDER FAMILY FUNERAL HOME
 406-453-7257 ♦ info@OConnorFuneralHome.com

Date

Initials

Name: First Middle Last Phone

Address City State Zip

Sex SSN Date of Birth Place

S M W D

Marital Status Spouse Name (Maiden) Place of Marriage Marriage Date

If Spouse is Deceased, Date & Where Occupation Industry

Y / N

Y / N

Education Hispanic Origin Race Veteran Location of Discharge

Father's Name (First, Middle & Last) Mother's Name (First, Middle, & Maiden)

Survivors *(include City & State)*

Spouse:

Sons:

Daughters:

Brothers:

Sisters:

Grandchildren:

Great Grandchildren:

Great Great Grandchildren:

Preceded in Death By:

Service Type:

Location of Service:

Clergy Preference:

Accompanist:

Vocalist:

Pallbearers:

Honorary Pallbearers:

Cemetery/Crematory:

Authorization Signed:

Other Information:
